



Psychology Postdoctoral Residency Program

Miami VA Healthcare System

Psychology Service (116B)
1201 NW 16th Street
Miami, FL 33125
305-575-3215

<http://www.miami.va.gov/>

Applications due: December 20, 2015

Accreditation Status

The postdoctoral residency at the **Miami VA Healthcare System** is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be held in 2016.

For information regarding APA accreditation of this residency or other accredited programs, please write or call:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Phone: (202) 336-5979
Fax: (202) 336-5978
E-mail: apaaccred@apa.org
www.apa.org/ed/accreditation

Financial Support and Benefits

The current resident stipend is \$44,692 which is for a one year, full-time 2,080 hour training year. The stipend is paid biweekly. Residents are eligible for medical and life insurance. Residents also earn four hours of both annual and sick leave per pay period, which accrue to 13 paid vacation days (in addition to 10 paid Federal holidays). Residents are granted authorized absence on a limited basis for VHA-related employment interviews, meetings, workshops, and other events related to professional development.

Application & Selection Procedures

APPLICANT QUALIFICATIONS

The Psychology Service abides by the Department of Veterans Affairs' commitment to ensuring equal opportunity (EEO), and promoting diversity and inclusion, all applicable Federal EEO laws, regulations, Executive Orders, and Management Directives. As provided by the Policy, the VA will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, genetic information, parental status, sexual orientation, age or disability.

Applicants may also identify themselves as representing a racial, cultural, or other element of diversity. These statements should have a space between them and separated from the formal body of the cover letter.

The Miami VA Healthcare System Psychology Service is committed to upholding an inclusive environment so that the associated stakeholders, (Veterans, supervised trainees, staff psychologists, technical and clerical staff) feel encouraged and supported to incorporate all aspects of themselves into their experience at our facility. We believe that the honoring of the unique aspects of each individual is compulsory for the optimal development of highly qualified, effective and satisfied professionals, and ultimately, improves the quality of the services that we provide to our Veterans.

All applicants must have completed all graduation requirements from an APA-accredited doctoral program in Clinical or Counseling Psychology and an APA-accredited predoctoral internship in Psychology by August 15th of the residency year. As a desire to work with a Veteran population is required, practicum or internship at a VHA facility is encouraged, but not mandatory. Given the emphasis in Health Psychology (4 positions), Gero-Neuropsychology (1 position), Mental Health Recovery and Rehabilitation (2 positions) and Forensic (1 position), a clinical experience in one of these areas is highly recommended. As research, administration, and supervision are integral parts of the Miami VA postdoctoral residency program, some experience--or a willingness to develop skills in these areas--is also recommended.

Eligibility: Applicants must meet the following prerequisites to be considered for our postdoctoral training program:

1. Completion of doctoral degree, including defense of dissertation, from an APA-accredited Clinical or Counseling Psychology program before the start date of the residency.
2. Completion of an APA-accredited psychology internship program.
3. U.S. citizenship.
4. Matched postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen.
5. Male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed.

To apply, the candidate should submit the following materials electronically by using APPIC Psychology Postdoctoral Application ("APPA CAS") at <https://portal.appicpostdoc.org>.

1. Cover letter indicating the area of emphasis to which you are applying (Health, Integrated Health/PACT, Liver Diseases/HCV, Mental Health Recovery and Rehabilitation, Veterans Justice Outreach or Gero-Neuropsychology) and describing your career goals, and a detailed description of how the postdoctoral residency at the Miami VA will help you achieve those goals. Make sure to include information pertaining to your experience with interventions, particularly empirical based or supported interventions, psychological assessment, and your research/scholarly experience.
2. Detailed vita
3. Three letters of recommendation. Note that "letters of recommendation" are referred to as "Evaluations" within this portal. *At least one of these must be from an internship supervisor.*
4. De-identified work sample - a comprehensive integrated psychological assessment report. Make sure the report is **de-identified** according to HIPPA standards. Gero-Neuropsychology emphasis applicants should submit a neuropsychology report of a geriatric referral if possible.
5. Letter from your dissertation chair or academic program Training Director regarding dissertation status and anticipated completion date. If your dissertation chair is one of your three letters of recommendation, this information can be included in that letter.
6. Statement from your internship Training Director (if applicable) verifying your status, including the expected date of completion of internship training.
7. Transcripts are not required at this time, but will be required if selected for this position.

All application materials must be submitted through the APPA CAS.

Inquiries should be directed to:

Regina M. Pavone, Ph.D., ABPP
Board Certified in Clinical Health Psychology
Director of Psychology Training Programs
Bruce W. Carter VA Medical Center
1201 NW 16th Street – 116B
Miami, FL 33125
Office: 305-575-3215
regina.pavone@va.gov

Applications are due and will be reviewed beginning December 20, 2015. Earlier submissions are preferred. A selection committee composed of postdoctoral residency supervisors will review and rank order all completed applications. The top candidates will be offered interviews (either in person or preferably by telephone or V-Tel). Consistent with the Association of Psychology Postdoctoral and Internship Centers (APPIC) Postdoctoral Selection Guidelines, notification to applicants regarding invitation to interview are anticipated to occur in early February. Following interviews, the selection committee will again rank order applicants and offers will be extended to the top ranked applicants (Health-4 positions; Mental Health Recovery and Rehabilitation-2 positions; Veterans Justice Outreach-1 position, and one in Gero-Neuro). Offers will be extended beginning March 7, 2016. Earlier or reciprocal position offers may be made to applicants that have received an offer from another site in the event that Miami VA postdoctoral training is his or her preferred site. We require verification of other offers in the form of a forwarded email of the offer or through verbal or email confirmation from your internship Training Director.

Psychology Setting

Introduction

The Miami VA Healthcare System serves Veterans in three South Florida counties: Miami-Dade, Broward, and Monroe, with an estimated veteran population of 175,000. Our parent facility is the Bruce W. Carter Department of Veterans Affairs Medical Center located on 26.3 acres in downtown Miami and opened in 1968.

The Miami VA is an accredited comprehensive medical provider, providing general medical, surgical, inpatient and outpatient mental health services, the Miami VA Healthcare System includes an AIDS/HIV center, a Women's Veterans medical clinic, a prosthetic treatment center, spinal cord injury rehabilitative center, and Geriatric Research, Education, and Clinical Center (GRECC). The Miami VA Healthcare System is recognized as a Center of Excellence in Spinal Cord Injury Research, Substance Abuse Treatment and is a recognized Chest Pain Center.

In addition to serving South Florida, the Miami VA is the tertiary referral facility for the West Palm Beach VAMC and provides open-heart surgery and other specialty services to other VA facilities in Florida and the country.

The Miami VA Healthcare System operates 432 hospital beds, including a 4-story community living center attached to the main facility. Miami VA is also responsible for two major satellite Outpatient Clinics located in Broward County and Key West, five Community Based Outpatient Clinics located in Homestead, Key Largo, Pembroke Pines, Hollywood and Deerfield Beach and an Outpatient Substance Abuse Clinic and Healthcare for Homeless Veterans Center in Miami.

Three Readjustment Counseling Centers (Vet Centers) in Miami, Fort Lauderdale, Pompano Beach and Key Largo provide specialized services and are supported by the Miami VA.

At the Miami VA Healthcare System our mission is to honor American's Veterans by providing exceptional healthcare that improves their health and well-being.

Our vision is to continue to strive to be the benchmark of excellence and value in healthcare by providing exemplary services that are both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's wellbeing through education, research, and service in national emergencies.

The Miami VA Healthcare System has a long and colorful history. In 1942, the commanding General of the U.S. Army Air Forces directed that an officer candidate school be established to maintain an Air Force Replacement Training Center with facilities for medical services. The Floridian and Nautilus Hotels were used for this purpose. The Nautilus is considered to have been the first Veterans Administration hospital in the Greater Miami Area. The facilities of the Nautilus were soon inadequate for the number of troops stationed in the area and another Air Force Team was called in to inspect all hotels in South Florida. The famed Biltmore Hotel in Coral Gables was selected and became an Army Hospital in 1946. It was renamed Pratt General Hospital in honor of one of the U.S. Army Air Forces' pioneer flight surgeons. Pratt General Hospital was deactivated in May 1947, but was taken over immediately by the Veterans Administration. The hospital, consisting of 450 general medical and surgical beds, was maintained until the completion and activation of the present Medical Center, located at 1201 NW 16th Street, in May 1968.

Miami VA Medical Center was officially re-named on October 27, 2008, to honor a decorated Marine – Private First Class Bruce W. Carter who served as a radio operator with Hotel Company, 2nd Battalion, 3rd Marines Division. On August 7, 1969, while in combat north of the Vandgrift in Quang Tri Province in Vietnam, Private First Class Carter threw himself on an enemy grenade, giving his life in service to our country so that his fellow Marines could survive. His medal and decorations include the Medal of Honor, the Purple Heart, the Combat Action Ribbon, the National Defense Service Medal, the Vietnam Service Medal with one bronze star, and the Republic of Vietnam Campaign Medal.

Approximately 46% of Veterans served by the Miami VA are age 65 or older. The inpatient facilities treat nearly 7,000 inpatients annually, and there were over 612,000 outpatient visits generated by over 50,000 unique veterans. Of the top 10 diagnoses treated through the healthcare system, four are mental-health related. Approximately 9% of Veterans are women and this percentage increases each year. The Miami VA has a dedicated Women Veteran's Clinic. As of FY 2015, there were over 10,000 Operation Iraqi Freedom (OIF) Operation Enduring Freedom (OEF), and Operation New Dawn veterans enrolled in the Miami VA. Population demographics include approximately one-third each of Caucasians, African Americans, Latinos, and smaller percentages each of American Indians, Asians, and Pacific Islanders.

Psychology Service is situated within the Mental Health and Behavioral Sciences Service, and functions under an Associate Chief of Staff for Mental Health. Psychology and Psychiatry remain separate and individual professional sections, however. Each section is under the direct supervision of a chief and continues to maintain its own professional identity, credentialing and privileging, training program, continuing education program, peer review system, and other unique characteristics. Psychologists share leadership roles with psychiatrists and are intimately involved in the planning and provision of clinical services in all capacities and in all sections. All of the clinical programs and teams are overseen by a Mental Health Council, which is led by the ACOS for Mental Health and includes the Chief of Psychology, the Chief of Psychiatry, the Associate Chief of Nursing for Psychiatry, the Chief of Social Work Service, and the Supervisor of Recreation Therapy.

The psychology staff is composed of approximately 36 doctoral level Clinical and Counseling psychologists, master's-level therapists, peer support counselors, a secretary and clerk, and volunteers. Psychology staff members are responsible for their assigned program areas and provide evaluation, consultation, assessment, interventions, and research. Psychologists are involved in almost all areas of the Miami VA including Patient Aligned Care Teams, Integrated Health, Medicine, Surgery, Psychiatry,

Physical Medicine and Rehabilitation, Spinal Cord Injury, Extended Care, Hospice and the Community Living Center.

Psychologists also develop and provide specialized programs such as Health Promotion/Disease Prevention, psycho-education and support groups for patients, families, couples and other hospital staff. They are heavily involved in training and continuing education, not only with psychology residents, interns and practicum students, but with trainees and professionals from other disciplines as well. Most staff psychologists have faculty appointments in the University of Miami's Miller School of Medicine, Psychology Departments at the University of Miami, and Nova Southeastern University.

The medical center has an extensive research program of over 200 active projects concentrating on mental health, endocrine polypeptides and cancer, diabetes and epilepsy, geriatric studies, neuronal injury and disease, HIV/AIDS, chronic fatigue, and Gulf War Syndrome. Residency training programs are provided to 150+ residents in most of the medical and surgical subspecialties as well as Pathology, Pharmacy, Social Work, Audiology/Speech Pathology, Nuclear Medicine, Nutrition & Food Service, Physical & Occupational Therapy, Psychiatry and Radiology. As a result, an active teaching role has been developed to accomplish the hospital's mission of patient care, medical education and research, and a complete range of medical, surgical and psychiatric subspecialty services are provided.

In addition to eight post-doctoral psychology fellows (residents) in Clinical Psychology, there are will be 10 pre-doctoral psychology interns beginning in the 2016 academic year. The facility also serves as a psychology practicum placement site for three local universities' APA-accredited doctoral training programs.

There are currently 16 licensed doctoral psychologists on staff who serve as direct supervisors to residents. Nearly all treatment philosophies and specializations are expressed by this diverse staff, along with teaching expertise and research interests.

Diversity Statement

The Miami VA Postdoctoral Residency program is deeply committed to fostering multicultural competence and diversity awareness. The overall goal of our training activities is to produce interns that are sensitive to individual differences and demonstrate the ability to apply diversity-based models in clinical settings.

The Diversity Committee is comprised of Miami VA psychologists who are committed to helping trainees, psychologists and other stakeholders develop the increased awareness, knowledge, and skills necessary for working with a highly diverse patient population. It also aims to explore how, as mental health professionals our biases, power, privilege, assumptions, and life experiences affect our clinical work. Interested trainees can serve as diversity committee members for their training year. Student members are an integral part of the Diversity Committee and are encouraged to aid with planning as well as serve as a liaison with their cohort.

The Diversity Committee conducts a series of diversity didactics, immersion experiences, and reflective discussions to foster professional development. The didactic series includes diversity readings that aim to address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence (e.g., cultural perceptions of psychotherapy and psychotherapists, spirituality, socioeconomic status, disability, LGBTQ veterans, immigration/accluturation, aging, women's issues, etc.). Interns and staff engage in immersion experiences by visiting with community resources that are implementing diversity in their care. Reflective discussions bring trainees and staff together to provide in-depth conversation on how to improve diversity in care. Lastly, the Diversity Committee assist trainees with their incorporation of diversity-based models into psychotherapy and assessment case conceptualizations. Trainees are required to use the ADDRESSING model into clinical and assessment case presentations to demonstrate the application of diversity into their practice.

The Miami VA serves veterans from a highly diverse area, encompassing urban and suburban communities around Miami. Our heterogeneous setting gives Interns the opportunity to provide services

to veterans from a variety of backgrounds. Veterans in this area are ethnically diverse, providing trainees with the opportunity to develop competencies in working with patients from many different cultural backgrounds. Trainees have the opportunity to provide services to a variety of minority and underserved populations, which is vital to the training of well-rounded psychologists. The Miami VA has an active homeless program, which coordinates healthcare, services, and advocacy for homeless veterans. Lesbian, Gay, Bi-sexual, and Transgendered (LGBT) veterans are increasingly seeking services at the Miami VA, and the broader Miami metropolitan area features an active LGBT community. In this context, Interns will be able to develop their appreciation for diversity in sexual orientation. Increasingly, the veteran population includes greater numbers of women, which presents more opportunities for Interns to develop skills for competently addressing sex and gender issues in their training. The Miami VA provides services tailored to address the needs of veterans across their lifespan, and trainees are offered opportunities to work in settings where age-related issues are relevant (e.g., younger veterans setting education goals and re-integrating into their families after deployment, middle-aged veterans adjusting to retirement and medical problems, elders facing end-of-life issues). Interns will also be encouraged to explore other dimensions of diversity, including but not limited to, national origin, immigration status, language differences, religious/spiritual beliefs, and physical ability.

Training Model and Program Philosophy

Training for post-doctoral residents will occur in several main areas: rotations, seminars, research, psychotherapy clinic, supervision and administration. Competencies in these areas will be evaluated at the end of each 6-month rotation using a competency-based evaluation form. At the beginning of the residency, each resident will meet with the Director of Training and the post-doctoral staff to discuss and determine training opportunities and rotation selections. Both the resident and his/her supervisors will jointly develop a training contract for the residency year to specify goals and objectives.

Program Goals & Objectives

The goal of the Miami VA Psychology Post-Doctoral Residency Program is to prepare residents to function effectively and autonomously in priority areas of health care for Veterans. To that end, clinical opportunities and didactic experiences are designed to facilitate the development of competencies, professionalism, and advanced knowledge and skills that are necessary for the delivery of quality patient care in complex psychological arenas. Post-doctoral residents are encouraged to develop their professional roles as clinicians, mentors, supervisors, consultants, team members and researchers. On-going supervision and didactic experiences are a yearlong process in conjunction with the emphasis in Gero-Neuropsychology or Health Psychology. Within each area of emphasis, residents will be expected to achieve goals related to: A) professionalism; B) assessment, evaluation and conceptualization skills; C) intervention and consultation skills; D) scientific thinking a research skills; E) education, teaching and supervision skills; F) diversity; and G) administrative and systemic skills. Specific competencies associated with each goal must be demonstrated by all residents.

The Miami VA postdoctoral residency program utilizes a competency based practitioner-scholar model. Our philosophy is that competencies can and will be demonstrated through a variety of formats, including rotations, didactics, supervision and administrative responsibilities.

Program Structure

While Psychology Residents complete a Clinical Psychology Residency, the Miami VA offers these residencies in several emphases areas: Health Psychology (4 positions), Gero-Neuropsychology (1 position), Mental Health Recovery and Rehabilitation (2 positions) and Forensic (1 position).

TRAINING EXPERIENCES

ROTATIONS

Residents will be expected to complete two six-month rotations from those described below with rotations required in their area of emphasis. Rotations provide the clinical core of post-doctoral training and will constitute a major portion of competency evaluation. The majority of residents' activities will be on rotations working with patients, families, staff, and being a key participant in interdisciplinary team meetings. Residents will also be working with predoctoral interns and practicum students and will be involved with the hierarchical supervision of these students and training of interns along with their clinical responsibilities on most of their rotations.

DIDACTIC SEMINARS/ADMINISTRATIVE RESPONSIBILITIES

There are a wide variety of required seminars for residents throughout the year. Residents are expected to teach seminars on their respective emphases areas. All residents are expected to manage predoctoral case conferences throughout the year, and provide feedback on assessment and psychotherapy cases to the interns (in conjunction with staff psychologists.) Post-doctoral residents may choose to attend optional seminars that include ongoing post-doctoral seminars not in their emphasis area, predoctoral seminars and medical school seminars/rounds that are held throughout the year. In continued efforts to provide cultural competent treatment, residents will use the ADDRESSING conceptualization. Residents will also receive cultural competency training through the diversity didactic series, immersion community outings reflective discussions with staff focusing on how to apply dimension of diversity into treatment.

Additionally, the residents will be responsible for leading and administering Intern Research Colloquium (review and critical analysis of published research) which is held bi-monthly. Practicum students, interns, and members of psychology staff attend the research colloquia. It may also be attended by interdisciplinary team members in specific disciplines.

RESEARCH

The medical center has an extensive research program of over 200 active projects concentrating on weight management, mental health, endocrine polypeptides and cancer, diabetes and epilepsy, geriatric studies, neuronal injury and disease, HIV/AIDS, chronic fatigue, and Gulf War Syndrome. Residency training programs are provided to 150+ residents in most of the medical and surgical subspecialties as well as Pathology, Pharmacy, Social Work, Audiology/Speech Pathology, Nuclear Medicine, Nutrition & Food Service, Physical & Occupational Therapy, Psychiatry and Radiology. As a result, an active teaching role has been developed to accomplish the hospital's mission of patient care, medical education and research, and a complete range of medical, surgical and psychiatric subspecialty services are provided.

Residents will be involved in a research project from the beginning of the year under the direction of a mentor with subject related to the resident's area of training emphasis. The expectation is that the resident, working with the mentor, will prepare a project for presentation at the end of the residency year to psychologists, trainees, and other interested staff at the medical center for continuing education credit.

Training Experiences

Areas of Emphases and Description of Clinical Program Settings

Emphasis areas of training for post-doctoral psychology residents are Gero-Neuropsychology and Health Psychology. Miami VA staff psychologists assume major leadership, clinical, training, teaching, and research roles within these two areas. Clinical programs and research opportunities related to training in these two emphasis areas are delineated below.

Neuropsychology Clinic

The major training focus in the Neuropsychology Clinic is the provision of diagnostic assessment services to patients with known or suspected brain dysfunction. The Clinic, which was founded about 40 years ago, provides consultation services to all areas of the medical center. Hundreds of consultation requests are received yearly by the Clinic from departments throughout the medical center, with questions commonly pertaining to diagnosis, competency, measuring changes over time, and assisting in planning a program of rehabilitation. An integral role is the provision of assessment services and feedback to patients and their families. In addition, clinical cases are presented daily in a case conference that is

designed to assist in the training and supervision of neuropsychology trainees. Trainees are exposed to a broad spectrum of neurological disease conditions, with a patient population that is diverse with respect to age, education, and cultural background. The most common diagnostic groups represented include dementia of various etiologies, traumatic brain injury, stroke, chronic alcoholism, Parkinsonism, schizophrenia, PTSD, bipolar disorder, depression, and multiple sclerosis.

The Miami VA Neuropsychology Clinic enjoys a collegial relationship with the University of Miami's Miller School of Medicine and participates in neurology, neuroanatomy, and neuropathology conferences and grand rounds on a routine basis.

The Neuropsychology Clinic Rotation provides training in the neuropsychological assessment of older persons and a solid foundation in brain-behavior relationships, the latter including neuropathology and functional neuroanatomy. This is accomplished through a wide range of clinical experiences, many of which involve interdisciplinary collaboration. These experiences include training in direct patient care, provision of supervision to practicum students, involvement in structured didactic activities. Skill enhancement will occur in numerous areas, including clinical interviewing, behavioral observation, test administration, scoring, interpretation, and clinical report writing. An over-riding emphasis is on facilitating a better working knowledge of brain-behavior relationships.

Assessment: The assessment philosophy embraced in the Neuropsychology Clinic emphasizes the importance of high quality service, psychometric integrity, detailed observation, collection of essential interview data, and the appropriate use of qualitative information. A comprehensive, standardized and co-normed test battery based on local VA norms is typically used, which includes the Halstead-Russell Neuropsychological Evaluation System, WAIS-IV, WMS-IV (Logical Memory and Visual Reproduction subtests), MMPI-2, the Rey Complex Figure, and a number of additional measures of executive and language functions. The testing procedures are flexible, modified and adapted for patients who have more severe cognitive deficits and are unable to provide valid or meaningful results using the more comprehensive battery.

Functional Neuroanatomy and Neuropathology: Understanding the aging brain, its changes, and its many pathological manifestations is a critical component of training in geriatric neuropsychology. The resident will work with older persons who have a wide variety of neuropathological conditions. In addition, training is provided through (1) A daily neuropsychology case conference that includes a review of the examinee's medical history and its relevance for central nervous system functioning; (2) Neuropathology rounds that entail brain cutting, which is a routine part of the autopsy conducted by several faculty members in the Neuropathology Division of the Pathology Department at the University of Miami Miller School of Medicine; (3) Neurology grand rounds at UM Medical School that are held weekly and consist of one-hour presentations of one or two clinical cases; (4) Neurology Case Conference at UM Medical School which is a weekly one-hour presentation of an inpatient who, in most cases, presents with a motor and/or sensory abnormality.

Supervisory Experience: Using a hierarchical supervisory model, residents are supervised in providing training experiences for practicum students and interns on the neuropsychology clinic rotation. Residents train students in all aspects of assessment as well as in the provision of clinical feedback to patients and their families.

Recent Research:

Brescian, N. E., Curiel, R., & Gass, C. (in press). Case study: A patient with agenesis of the corpus callosum with minimal associated neuropsychological impairment. *NeuroCase*.

Gass, C. S., & Odland, A. (2013). The MMPI-2 Fake Bad Scale (FBS): Psychometric Characteristics and Limitations in a Non-Litigation Neuropsychological Setting. *Applied Neuropsychology: Adult*.

Gass, C. S., & Odland, A. (2012). Minnesota Multiphasic Personality Inventory -2 Revised Form symptom validity scale - revised (MMPI-2-RF FBS-r; also known as Fake Bad Scale (FBS):

Psychometric characteristics in a non-litigation neuropsychological setting. *Journal of Clinical and Experimental Neuropsychology*, 34, 561-570.

Gass, C.S., & Curiel, R.E. (2011). Test anxiety in relation to measures of cognitive and intellectual functioning. *Archives of Clinical Neuropsychology*, 26, 396-404.

Gass, C. S., Stripling, A., & Odland, A. (2011). Influences on Cognitive Complaint Severity in a Neuropsychological Referral Sample. *Archives of Clinical Neuropsychology* (Abstract), 26, 548-549.

Gass, C. S., Stripling, A., & Odland, A. (2011). *Emotional and Personality (MMPI-2) Factors in WAIS-IV Performance*. *Archives of Clinical Neuropsychology* (Abstract), 26, 553.

Gass, C.S., Williams, C.L., Cumella, E., Butcher, J.N., & Kally, Z. (2010). An Ambiguous Measure of Unknown Constructs: The MMPI-2 Fake Bad Scale (aka Symptom Validity Scale, FBS, FBS-r). *Psychological Injury and Law*, 3, 81-85.

Misdragi, E., & Gass, C.S. (2010). The Trail Making Test: A component analysis. *Journal of Clinical and Experimental Neuropsychology*, 32, 159-163.

Odland, A., Martin, P., Perle, J., Gass, C., Simco, E., & Mittenberg, W. (2011). A Monte Carlo Study: Frequency of Normal Healthy Adults with Abnormal MMPI-2 Scores. *Archives of Clinical Neuropsychology* (Abstract), 26, 556.

A part-time training experience is available in the area of Polytrauma through the Post Deployment Clinic (PDC), a highly interactive multidisciplinary clinic. Polytrauma refers to care for veterans and returning service members with injuries to more than one physical region or organ system, one of which may be life threatening, and which results in physical, cognitive, psychological, or psychosocial impairments and functional disability. Some examples of Polytrauma include: Traumatic Brain Injury (TBI); Hearing Loss; Amputations; Fractures; Burns; and Visual Impairment. The postdoctoral resident will have the opportunity to complete neuropsychological assessments, using a flexible battery, to assist in treatment planning and education.

Geriatric Neuropsychology- CLC/GPCC

Community Living Center (CLC-Long-Term Stay): The CLC is home to approximately 80 Veterans who require a supervised nursing/medical environment to ensure their health, safety, and well-being. Residents in the CLC range in age from 40 to 90 and reflect the wide range of issues attendant to such a population including chronic medical illness, persistent psychiatric illness, lack of decision making capacity, end-of-life issues, and hospice/palliative care requirements; Veterans are admitted into CLC for short or long-term stays or, at times, for respite care only. Our goal is to ensure residents and their families receive the highest level of care within an environment more reflective of home (in compliance with the Culture Change movement) than a traditional institutional settings offer. Veterans residing in the CLC reflect the full spectrum of demographics found in our community providing a rich base for sharing of experiences and meaningful interactions between individuals. All care is coordinated via the interdisciplinary treatment team, with any team member able to request psychological services for a Veteran (physicians, nurse practitioners, nursing staff, recreation staff, dietitians, pharmacists, rehabilitation staff, clergy, social workers, and/or housekeeping). Residents will learn to function as a vital member of such a team, enjoying mutually respectful and valued exchange of ideas regarding care of veterans. A full range of psychological services is provided to veterans including assessment (decision making capacity, baseline cognitive status, behavioral functioning, and current mental status) and therapy (supportive, insight oriented, reminiscence, and life review to assist in coping with depression, anxiety, loss and grief/bereavement). Additional services provided include supportive interventions (individual or groups) with family members, didactic presentations to staff, and of behavioral interventions to enhance treatment compliance, when needed. It is expected that the will be able to assume a more independent level of functioning (i.e., resident able to provide therapeutic and assessment services with supervisor available for consultation/backup but not immediately present). Given that residents of the CLC reflect a

wide range of medical/psychiatric diagnoses, it is vital the resident develop an awareness of and comfort with basic medical/psychiatric diagnosis, terminology, and presentation. This is accomplished by didactics and exposure via walking medical rounds. The impact that chronicity of medical / psychiatric illness has on daily functioning (both psychological and physical) will be stressed.

Geriatric Primary Care: Psychological services are provided to patients within a geriatric primary care clinic, in response to referrals mainly from the clinic's medical director and residents as well as the psychiatry staff housed in the clinic. Patients are seen for psychological assessment, psychotherapy, and/or cognitive assessment. Patients represent a wide range of ages (mid-60s to 90s), ethnicities, and socioeconomic circumstances. Psychological issues commonly encountered in the geriatric clinic include anxiety, depression, maladaptive anger, partner-relational problems, parent-adult child relational problems, employment problems, difficulty in adjusting to health conditions or disability, caregiver stress, concerns about aging, concerns about dying, and bereavement.

Assessment methods include biopsychosocial interview, standard instruments such as MMPI-2, and instruments more specific for a geriatric or medical population such as the GDS. A neuropsychology battery is used for patients with suspected mild cognitive impairment or early-stage dementia. The training emphasis is on developing skills for clear and sensitive communication of assessment results to patients and referral sources, both in writing and orally. Recognition and appropriate reporting of elder abuse and neglect is also emphasized.

The primary therapy approach is cognitive-behavioral, in addition to use of concepts and methods from patient-centered therapy, motivational interviewing, interpersonal therapy, and mindfulness approaches. Couple therapy and family therapy are provided as needed. In addition, trainees usually co-facilitate a "positive aging" learning and support group, which has been held every week for several years. Trainees also may participate, alongside clinic medical and nursing staff, in providing specialty individual and group services to geriatric patients, including frailty prevention and remediation, tobacco cessation, continence promotion, and cardiovascular risk reduction.

Supervision is provided by modeling (resident sitting in on supervisor providing services), direct observation of resident's provision of service, review of written reports and notes, audio or audio-visual recording of services, and discussion of cases. Residents are encouraged to attend "mini-lectures" given by the clinic director to medical residents on various geriatric issues at the start of the day, as well as geriatric grand rounds which are held once or twice a month.

Disease Management

Chronic conditions such as Hepatitis C virus, diabetes, obesity, congestive heart failure, and HIV pose significant challenges to the quality of life and overall wellbeing of veteran-patients with these diagnoses. Psychologists working in disease management accept consults and respond to intervention requests from Primary Care PACT teams, Infectious Diseases, Hepatology, Endocrinology, Organ Transplant Coordinator, Cardiology, Pulmonary, Women's Health, and other medical clinics.

There is a high prevalence of Hepatitis C virus infection among the Veteran population. The clinic provides treatment to HCV+ Veterans at all phases of disease management including screening, initiation of combination treatment, continued testing and tracking, and liver transplantation candidacy assessments. The VA Office of Employee Education in conjunction with the Centers of Excellence in Research and Education for Hepatitis C holds annual HCV symposia, and psychology staffs assigned to Hepatology Service have attended this program.

Approximately 70% of Veteran patients are overweight or obese and many have co-morbid disorders such as diabetes, hypertension, chronic pain, and sleep disturbances. The majority of MOVE patients also have comorbid psychiatric diagnoses. The MOVE (Managing Overweight/Obesity in Veterans Everywhere) Program clinical team includes members from Psychology, Nutrition, Physical Therapy, Endocrinology and Patient Education. Approximately 900 Veterans were seen last year in MOVE at the medical center, the William "Bill" Kling VA CLinic and via telehealth to Key West and Key Largo clinics. The Psychology team teaches 10-week group sessions, conducts follow-up drop in sessions, and follows

veterans referred to the Endocrinology Clinic after completion of the 10-week MOVE! program. Psychologists are active with this program at the local, regional, and national levels and attend annual symposia and have on-going research programs related to weight management.

Patient Aligned Care Teams "PACT"/Integrated Health

PACT Psychology collaborates with medical center staff to develop, adapt, implement and assess effectiveness of health behavior interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management. Since the institution of the managed care model at this facility, Consultation and Liaison psychology has provided vital, multi-faceted mental health services in response to physician requests to intervene on a wide range of typically non-chronic mental health, and health-risk conditions.

Intermediate / Palliative Care

Inpatient psychological services are provided to patients who are hospitalized on three separate medical services: 1) Geriatric Evaluation and Management Unit (GEM), 2) Community Living Center –short-term stay (aka: Extended Care Unit), and 3) Palliative/Hospice Care Program. You will serve as an active member on an interdisciplinary team. Opportunities to conduct individual outpatient psychotherapy (i.e. adjustment to life limiting medical conditions, bereavement services) and facilitate support groups are also available.

The GEM unit serves frail elderly Veterans (ages 60+) who are not acutely ill, but have multiple medical, functional, and psychosocial problems. They are admitted with the goal of addressing their comorbid medical conditions, functional impairments, and psychosocial issues with the aim to avoid permanent institutional placement. The typical length of stay is one month. The CLC short-term stay service (Extended Care Unit) is tailored to veterans with acute medical illness, who have specific treatment goals, such as being admitted for a course of antibiotics, radiation therapy, wound care, or rehabilitation. The length of stay can range from two months to one year. Veterans admitted to the Palliative/Hospice Care Program are individuals who are facing a chronic, potentially terminal illness including cancer, end stage organ disease, and congestive heart failure. Anticipatory grief and bereavement counseling is also offered to the family of Veterans. Across these three medical services you will have the opportunity to work with a range of ages (30s-90s), ethnicities, and socioeconomic circumstances.

All Veterans admitted to these units are evaluated for psychological services which includes a clinical interview, assessment of mental status (i.e. administration of Mini Mental Status Examination) and mood assessment (Geriatric Depression Scale, Patient Health Questionnaire). Psychological issues commonly encountered include adjustment disorder, depression, anxiety, bereavement/preparatory grief, substance abuse, and PTSD. Pain and sleep disturbance are also common problems. Supportive psychotherapy is provided to all who are deemed appropriate and provide consent for treatment. Veterans' families are also evaluated and offered individual counseling for caregiver stress and anticipatory grief. Facilitating the Family Support Tea Time Group is a valuable opportunity. Bereavement services are also offered to all family members. Outpatient services also include psychological screenings on the oncology/hemoc unit and individual psychotherapy to Veterans living with a life-threatening illness and/or coping with bereavement.

Pain Clinic

The Miami VA Pain Clinic has operated as a specialty care clinic since 1995 and is currently staffed by anesthesiologists and physiatrists who have completed fellowships in Pain Medicine, Nursing, Acupuncture, Pharmacy and Psychology. These disciplines provide members of the Pain Clinic's Core Team. Additional extended team members are provided from Physical Therapy, Occupational Therapy, Exercise Physiology, Recreation Therapy, Social Work and Psychiatry. Anesthesiology residents, Pharmacy residents, Psychology interns and practicum students and students from the other disciplines are regularly included in assessments and treatment planning meetings.

In addition to assessments, Psychology is responsible for individual counseling, psychological assessment and referrals to Psychiatry if indicated. Psychology facilitates two weekly Psychology Pain

Management group (social support, non-pharmacological pain management techniques and pain education), as well as management of the interdisciplinary pain meetings.

Post-Doctoral Rotations

There are a variety of postdoctoral clinical rotations as outlined below.

1. Neuropsychology Rotation (Gero-Neuro emphasis) - The Post-Doctoral Clinical Neuropsychology Rotation provides advanced training in neuropsychological assessment and a solid foundation in brain-behavior relationships, the latter including neuropathology and functional neuroanatomy. This is accomplished through a wide range of clinical experiences, many of which involve interdisciplinary collaboration. These experiences include training in direct patient care, provision of supervision to interns and practicum students, involvement in structured didactic activities, and research opportunities. Skill enhancement will occur in numerous areas, including clinical interviewing, behavioral observation, test administration, scoring, interpretation, and clinical report writing. An overriding emphasis is on facilitating a better working knowledge of brain-behavior relationships. A comprehensive, standardized and co-normed test battery is typically used, which includes the Halstead-Russell Battery, WAIS-IV, WMS-IV (Logical Memory and Visual Reproduction subtests), MMPI-2, the Rey Complex Figure, and a number of additional measures of executive and language functions. The testing procedures are modified and adapted for patients who have more severe cognitive deficits and are unable to provide valid or meaningful results using the more comprehensive battery. Additionally, training in functional neuroanatomy and neuropathology will be provided through (1) A daily neuropsychology case conference that includes a review of the examinee's medical history and its relevance for central nervous system functioning; (2) Neuropathology rounds that entail brain cutting, which is a routine part of the autopsy conducted by several faculty members in the Neuropathology Division of the Pathology Department at the University of Miami Miller School of Medicine; (3) Intractable epilepsy conference (weekly) at UM Medical School that includes neurologists, epilepsy specialists, and neurosurgery; (4) Neuropathology grand rounds at UM Medical School that are held weekly and consist of one-hour presentations of one or two clinical cases; (5) Neurology grand rounds UM Medical School that are held weekly and consist of a one-hour presentation of one or two clinical cases, and (6) Neurology Case Conference at UM Medical School which is a weekly one-hour presentation of an inpatient who, in most cases, presents with a motor and/or sensory abnormality.

The assessment philosophy embraced in the Neuropsychology Clinic emphasizes the importance of high quality service, psychometric integrity, detailed observation, collection of essential interview data, and the appropriate use of qualitative information.

A part-time training experience is available in the area of Polytrauma through the Post Deployment Clinic (PDC), a highly interactive multidisciplinary clinic. Polytrauma refers to care for Veterans and returning Servicemembers with injuries to more than one physical region or organ system, one of which may be life threatening, and which results in physical, cognitive, psychological, or psychosocial impairments and functional disability. Some examples of Polytrauma include: Traumatic Brain Injury (TBI); Hearing Loss; Amputations; Fractures; Burns; and Visual Impairment. The postdoctoral resident will have the opportunity to complete neuropsychological assessments, using a flexible battery, to assist in treatment planning and education.

Upon completion of the rotation, the resident will be competent to:

- conduct a neuropsychological interview
- administer and score the Halstead-Russell Neuropsychological Test Battery
- select a comprehensive test battery for patients with more compromised cognitive functioning
- attain a basic understanding of interpretive principles as they apply to neuropsychological test performance
- identify neuroanatomic structures at an advanced level
- attain an understanding of neuropathological conditions at an advanced level

2. Polytrauma

Primary Supervisor: Jennifer Gillette, Psy.D.

A full-time (24 hours) or part-time (8-12 hours) training experience is available in the area of Polytrauma through the Post Deployment Clinic (PDC), a highly interactive multidisciplinary clinic. The Post-deployment Clinic primarily involves working with the Polytrauma Support Clinic Team (PSCT) to support OEF/OIF Veterans. Polytrauma care is for Veterans and returning service members with injuries to more than one physical region or organ system, one of which may be life threatening, and which results in physical, cognitive, psychological, or psychosocial impairments and functional disability. Some examples of polytrauma include: traumatic brain injury (TBI); hearing loss; amputations; fractures; burns; visual impairment; and post-traumatic stress disorder (PTSD). While in this rotation, residents may assess OEF/OIF Veterans in order to formulate accurate diagnoses to guide treatment planning and referrals. This may involve comprehensive bio-psycho-social interviews, general mental health screenings, neuropsychological screenings, and/or comprehensive neuropsychological evaluations. As part of the training experience, interns may attend available training activities such as neurology case conference, neuropsychiatry case conference, neurology grand rounds, and neuropathology rounds. Treatment-focused aspects of this rotation involve providing brief supportive psychotherapy and psycho-education including sleep hygiene, pain coping skills, nutrition and exercise, cognitive skills training, medication side effects, and stress reduction. Brief CBT strategies and relaxation techniques are often practiced in session. Residents may also facilitate groups for veterans with memory disorders as well as an OEF/OIF Traumatic Brain Injury Support Group or an OEF/OIF Psycho-educational Cognitive Rehabilitation Group or Memory Skills Group. Residents provide feedback to patients and significant others, and interact with a multidisciplinary team comprised of a primary care physician, neuropsychologist, speech pathologist, recreation therapist, VA patient advocate, Army Wounded Warrior advocate, recreation therapist, nurse/case manager, and social worker.

3. Geriatric Neuropsychology Rotation (Gero-Neuro emphasis) - The skills required of psychologists as professionals in nursing home settings and outpatient clinics have expanded considerably beyond the once traditional duties of consultant providing general assessment, psychotherapy, and behavioral interventions. Additional duties now include neuropsychological screening evaluations, pain management, preventive health interventions, end-of-life/hospice/palliative care interventions, education of nursing home residents/families/staff, participation as a full-time member of the interdisciplinary treatment team working in collaboration with myriad other disciplines, group psychotherapy, and psychotherapy/bereavement/supportive interventions with family members. That these services be provided to a diverse array of nursing home residents and primary care outpatients (in age as well as in medical/psychiatric diagnoses including severe/chronic medical conditions, traumatic brain injuries, spinal cord injuries, and dementing illnesses) and their families presents yet another challenge. The Miami VA employs one full-time staff psychologist assigned exclusively to the CLC and one half-time psychologist in GPCC to provide the services outlined above. Postdoctoral residents participating in the program have the option of rotating through the CLC and through the GPCC working directly with the staff psychologist at a more advanced and independent level than predoctoral interns, essentially assuming the role of "junior staff member." Examples of this include supervision of predoctoral interns who rotate through the CLC and GPCC, participation in selected didactic/training opportunities offered through the GRECC, and provision of didactic experiences for fourth year medical students rotating through the CLC and for geriatric residents in GPCC.

By the end of the rotation the resident will achieve:

- in-depth experiences functioning as the psychologist assigned to provide services to a selected unit in the CLC/GPCC (under supervision) including fulfilling the role as a member of the interdisciplinary treatment team and team building functions.
- in-depth experience working with our varied CLC/GPCC population including significant exposure to the myriad problems (both medical and psychological/ psychiatric) found among our patients.
- in-depth experience in the provision of psychotherapy, supportive therapy, family therapy, and behavioral interventions with CLC residents and GPCC outpatients.

- in-depth experience in the entire process of receipt of consults from professional staff, determination regarding the proper disposition of the consult, provision of service, documentation of the results and written feedback to other professional staff.
- in-depth experience in the area of neuropsychological screening assessments and psychological assessment (where applicable) including selection of instruments to be administered, administration, scoring, interpretation, report writing, and feedback to both CLC/GPCC patients and the interdisciplinary treatment team.
- in-depth experience in the role of consultant to all other members of the interdisciplinary treatment team.
- in-depth experience to become familiar with dysphagia that will include didactics, observing videofluoroscopic evaluations, discussion of food consistencies and nutritional concerns, and feeding issues.
- in-depth experience to become familiar with wounds and wound care that will include didactics and wound care rounds as scheduled with the nurse practitioner.

4. Consultation & Liaison Rotation (Health emphasis) - Psychology receives consult requests from the various specialty medical and mental health clinics, including the PACTs, Special Immunology and Infectious Diseases, Hepatology, Endocrinology, Organ Transplant, Cardiology, Pulmonary and Women's Health. Psychology schedules and conducts comprehensive biopsychosocial assessments, including testing when indicated utilizing various measures. Further, treatment planning is developed with a host of intervention options provided by psychology staff. In certain cases, referral to other hospital-wide specialty clinics such as substance abuse services and the outpatient Post-Traumatic Stress Disorder team is initiated. Additionally, speedy referral to Mental Health Fast Track for psychiatric evaluation for psychotropic medication is regularly practiced. Within Consultation & Liaison Psychology works collaboratively with full-time Psychiatry staff and medical attending staff.

Consultation & Liaison psychology routinely responds to requests for organ transplant screening evaluations. The screening evaluations involve structured interviews, assessment utilizing the mental status exams, MMPI-2, and neuropsychological assessment when appropriate. Psychology Residents under the supervision of licensed staff will have the opportunity to perform these evaluations.

By the end of the rotation the resident:

- will demonstrate the ability to conduct an accurate biopsychosocial diagnostic interview with a behavioral medicine focus that addresses the referral question. The resident's evaluation will be driven by DSM-IV criteria as well as other relevant medical, psychiatric, behavioral, collateral and assessment data about the patient. The resident will demonstrate these skills with utilization of supervision to clarify points of question regarding clinical conceptualization and diagnosis.
- will demonstrate the ability to correctly administer, score and interpret commonly used self-report objective measures and integrate this information into the comprehensive evaluation.
- will demonstrate an ability to complete and file a high quality consult response (comprehensive evaluation) within deadlines mandated by policy, using minimal supervision and guidance.
- will demonstrate the ability to develop and write comprehensive treatment plans, using published models which include identification and prioritization of patients' problem(s), goals and objectives of treatment, manner of monitoring progress in treatment, modality of intervention, and length of treatment.
- will demonstrate an ability to effectively communicate the results of the evaluation, diagnosis, treatment plan and components, via written and verbal modalities, to the referral source and other members of the multidisciplinary team, the patient and family members when indicated, using limited supervisory direction.
- will demonstrate application of knowledge and understanding of and sensitivity to issues related to cultural diversity and individual differences

5. Integrated Health Rotation (Health emphasis) - Psychology staff working in Integrated Health offer treatment in the form of specialty therapy groups, brief solution-focused individual therapy, and

psychoeducation and support. This rotation provides an opportunity to work as part of an interdisciplinary team collaborating with primary care (i.e., Patient Aligned Care Teams "PACT") and other clinics. The resident will work closely with staff members in patient education, nutrition, physical rehabilitation, recreational therapy, nursing and medicine. The resident will facilitate interdisciplinary health behavior groups, focusing on a range of prevalent health conditions (e.g., overweight/obesity, tobacco cessation, diabetes, cardiovascular disease), as well as serve as the behaviorist and group facilitator for Drop-In Group Medical Appointments (DIGMAs). Additionally, a core component of the rotation pertains to training healthcare staff in brief health behavior interventions (e.g., motivational interviewing) through informal presentations, participation in PACT huddles, and modeling of interventions in group and individual patient care. The resident will participate actively in the national program to prevent and reduce overweight/obesity (Weight Management Program for Veterans, MOVE!; <http://www.move.va.gov/>). The resident will also receive training in providing brief health-related interventions, individually and through structured phone clinics, for many issues that are common in medical settings (e.g., overweight/obesity, tobacco use, sexual dysfunction, medication adherence).

By the end of the rotation the resident:

- will demonstrate an ability to conduct individual (short-term) and group psychotherapy in accordance with published models shown to be effective in treatment of specific medical conditions. Supervisory observation will be employed via co-facilitation of groups or audio/visual taping of sessions.
- will demonstrate an ability to provide psycho-education addressing various topics in disease management and health psychology with guidance from supervisor.
- will demonstrate ability to provide effective individual psychotherapy using the short-term model to several patients per week and facilitate at least two groups offered through the rotation per week.
- will demonstrate application of knowledge and understanding of and sensitivity to issues related to cultural diversity and individual differences.

6a. Pain - Residents will participate in psychological assessments for spinal cord stimulators and of new patients to the pain clinic; facilitate weekly group therapy/education/support groups; participate in interdisciplinary staff meetings, and regularly consult with members of the interdisciplinary Pain clinic extended team. Residents will also be available to patients during pain procedures both in the Pain Clinic and the OR.

By the end of the rotation, the resident will have:

- greater understanding of the complex interactions of physical, emotional and behavioral aspects of chronic pain and suffering
- developed appropriate skills to gather necessary medical and psychological data for pain diagnoses and treatment decisions.
- the ability to utilize appropriate treatment modalities with patients with a variety of chronic pain and medical diagnoses. This will include a familiarity with pharmacological and interventional procedures for the management of psychological and non-psychological symptoms.
- increased skills in interdisciplinary collaboration and education in pain management.

6b. Palliative & Intermediate Care Rotation (Health and Gero-Neuro emphases) Experiences will include inpatient, palliative care involvement. The Resident on this rotation will also be expected to fully participate on the Palliative Care, GEM, and Extended Care teams. Residents will provide supervision to psychology students/interns across these settings.

By the end of the rotation, the resident will have:

- greater understanding of the complex interactions of physical, emotional and behavioral aspects of chronic and serious illness including those associated with advanced/terminal disease

- enhanced understanding of the philosophy and precepts of palliative care.
- increased skills in communicating with patients, families and health care staff and in negotiating conflict concerning end-of-life issues.
- improved ability to explore and address cultural and spiritual aspects of end-of-life care.
- Becoming proficient at assessing anticipatory grief reactions and offering supportive psychotherapy as well as offering bereavement counseling
- developed skills in providing ethics consultation in end-of-life decision-making.
- increased skills in interdisciplinary collaboration and education in palliative care management and intermediate care.

7. Liver Diseases and HIV Medical and Treatment Issues (Liver Diseases/HIV Emphasis Resident)

The resident will develop competence in: (i) History and course of the HCV and HIV epidemics in this country and specifically within the VA, which will include current prevalence/incidence rates of infection; (ii) Knowledge of HCV and HIV risk factors, barriers to medical care, and health behaviors that are common among those who are currently infected or those at higher risk for viral infections; (iii) Knowledge of current HCV and HIV testing procedures including consent processes, distinction between anonymous and confidential testing, as well as current testing procedures; (iv) Knowledge of disease progression; (v) Working knowledge of current medications, common side effects and barriers to medication adherence.

Liver Transplant Assessment and Treatment Issues

The resident will develop competence in: (i) History and course liver disease to end-stage and pathogenesis (ii) Knowledge of risk factors associated with liver disease, barriers to medical care, and health behaviors that are common among those who are currently in later stages of liver disease progression; (iii) Knowledge of current liver staging procedures; (iv) Knowledge of medical and neuropsychological comorbidities of end-stage liver disease; (v) Working knowledge of treatment options, common side effects and barriers to treatment adherence; (vi) Knowledge of medical and treatment issues specific to the VA liver transplant process at all phases.

The HIV and HCV resident will work collaboratively with the psychology PACT Integrated Health resident-members of interprofessional treatment teams.

Residents participate in a robust interdisciplinary group program (e.g., MOVE!, tobacco cessation, cardiovascular risk reduction, diabetes management), addressing issues which are salient to health promotion and disease self-management. Behavioral health staff are integral in these programs, serving as moderators of group process, modeling patient-centered approaches (e.g., motivational interviewing skills), and addressing MH issues (i.e., screening, providing brief intervention for depression, PTSD, overuse of alcohol, and serving as liaison to MH follow-up). The PACT group program continues to expand including the recent addition of stress management (i.e., mindfulness meditation) and planned groups to include programs to address overuse of alcohol and problem-solving. Panel-specific groups consist of PC provider, pharmacist, behaviorist, and dietitian with nursing involvement in several disease-specific groups. Within the PACT Special Immunology Clinic, we expect the HIV/HCV resident to have a lead role in addressing tobacco cessation, alcohol risk reduction, sexual health, and medication adherence in addition to their core mental health duties.

Psychosocial Aspects of HIV and Liver Diseases

The resident will gain competence and awareness of multiple psychosocial stressors specific to those living with HIV/AIDS, HCV and other infectious diseases. Common stressors experienced by those newly diagnosed include adjustment to and coping with new diagnosis; disclosure of HCV or HIV-positive status to sexual partners, friends, and family; managing HIV-related stigma; and psycho-education about safer sex practices. Common stressors associated w/ disease progression and/or longer term survival include decision about employment/disability; affected family and caregiver stress; grief; and end-of-life issues. Common stressors associated with initiation of DAA Treatment for HCV, decision making around treatment, reduction of risk behavior prior to and during treatment, coping with treatment response and termination.

8. Psychological Interventions for Co-occurring Mental Health and Substance Abuse Issues

The resident will gain advanced competence in: (i) Empirical knowledge of and implementation skills with the following evidence based short term interventions: CBT, DBT, ACT, Relapse Prevention, Motivational

Enhancement Therapy, and psychoeducation interventions for substance abuse and with common behavioral medicine presenting problems (e.g. insomnia, medication adherence, smoking cessation, chronic pain, stress management, weight management); (ii) Evaluating and managing personality disorders; (iii) Conducting couples and family consultation and intervention with HIV-positive and HCV-positive veterans and their significant others or extended families; and (iv) Working knowledge of current psychopharmacological interventions for common co-occurring mental health conditions.

Evaluation and Assessment of Co-occurring Mental Health Issues. The resident will gain advanced competence in: (i) Administering interpreting, training and supervising the administration of evidence-based instruments for the following frequently co-morbid mental health issues: depression (e.g. PHQ-9, BDI-2), anxiety (BAI, STAI), trauma/PTSD (PTSD Checklist), Substance Abuse (AUDIT-C, Addition Severity Index); (ii) Identifying treatment relevant neuropsychological issues, including traumatic brain injury, dementias, memory syndromes, attention deficit disorders and intellectual deficits; (iii) Knowledge of the research addressing the inter-connection between physical, mental and behavioral health, and sensitivity to the cultural diversity issues involved in assessment/treatment; and (iv) Development of a treatment plan which incorporates all of the above into an appropriate and effective intervention for the individual veteran. Evaluation (as well as treatment) skills are acquired in weekly case conferences, didactic and interdisciplinary team meetings and weekly individual supervision.

9. Psychosocial Rehabilitation and Recovery Center (PRRC):

Supervisor: Janette Rodriguez, Psy.D.

The Psychosocial Rehabilitation and Recovery Center (PRRC) is an innovative and exciting program that has been mandated at VAs nationwide. The program serves Veterans who have been diagnosed with, and have significant impairment in psychosocial functioning, as a result of a serious mental illness, including psychotic disorders such as schizophrenia, mood disorders such as bipolar, and significant anxiety disorders, such as severe post-traumatic stress disorder. Some of the veterans also have a co-morbid substance abuse problems and many have co-morbid medical problems.

The mission of the PRRC is to support Veterans, with serious mental illness and significant functional impairment, re-enter community-integrated employment, education, housing, spiritual, family, and/or social activities. It is a transitional educational center that inspires and assists Veterans driven by psychiatric recovery and rehabilitation principles. Referrals to PRRC are for Veterans who need additional support, education, brief therapy and care coordination to manage in the community. The PRRC is based on the expectation that all people have the capacity to learn and develop meaningful self-determined life goals. The PRRC assists Veterans in defining a personal mission and vision, based on their self-identified values, interests, goals, and roles. Services are geared toward empowering Veterans by instilling hope, highlighting strengths, and encouraging skill development. Students (patients) select from among skills-based classes (groups), based on their personal recovery goals.

Core components of the program (and examples of services) include:

- Individualized assessment/re-assessment, curriculum, and recovery planning: interventions include motivational interviewing/enhancement strategies, clarification of life values, goals, and roles, and CBT strategies
- Psychotherapy groups: social skills, anger management skills, relationship skills
- Community integration skills: interviewing skills, leisure/recreation skills
- Psychoeducational classes: sleeping well, pain management
- Illness Management classes: Wellness Recovery Action Plan (WRAP), medication education
- Health and wellness classes: nutrition and exercise
- Peer support: learning from others in recovery
- Family services: education programs/classes

The PRRC interdisciplinary team at the Miami VA currently includes a psychologist, a psychology postdoctoral resident, a mental health counselor, a marriage and family therapist, a recreational therapist, and an advanced nurse practitioner. Additionally, trainees from these disciplines may also participate.

PRRC interns will receive significant education about the recovery model and have the opportunity to participate in multiple components of the PRRC.

Assessment and Intervention: Interns will have the opportunity to conduct biopsychosocial assessments and recovery-based planning and goal-setting. They will consequently increase their knowledge of the diagnostic criteria for serious mental illness, including psychotic disorders, major mood disorders, and substance use disorders, and the complexities of co-morbidity. Additionally, interns will receive training in the provision of brief individual psychotherapeutic and group psychotherapeutic/educational interventions, inclusive of evidence-based approaches such as motivational enhancement techniques. Since the PRRC consists primarily of group interventions, the interns will develop an expertise in this therapeutic modality.

Interdisciplinary Meetings/Consultation: Interns will be members of the interdisciplinary team and participate in regularly scheduled treatment team and staff meetings. The interns will discuss clinical issues, conduct ongoing trainings for staff in recovery, and discuss consults. They may have the opportunity to provide consultation to other disciplines/providers.

Ethics and Diversity: Training is providing in terms of addressing ethical issues, as well as attitudes, knowledge, and skills in relationship to issues of diversity. Interns will be expected to make a substantial effort to recognize, understand, appreciate and discuss these topics. Age, sex, gender, ability/disability/illness, culture, ethnicity, race, language/culture of origin, sexual orientation, socioeconomic status, and religious/spiritual beliefs and attitudes, among others, as well as the intersection of these multiple identities, will be considered and integrated in provision of services. The exploration of power differentials, dynamics, and privilege will be at the core of understanding issues of diversity and impact on social structures and institutionalized forms of discrimination that may influence the veteran's perception of her/his potential for improved quality of life.

Scholarly Activity, Supervision, and Professional Development: Additionally, the interns may have the opportunity to be involved in continued program development projects, and the writing and updating of course curriculum, based on literature review and sound research findings. Relevant readings will be suggested. Participation in relevant and available seminars will also be offered to interns. One hour of face-to-face supervision will be provided each week, in addition to ongoing supervision, as needed. Mentoring of interns on various professional development issues is also provided on a regular basis and as desired by the trainee.

At the conclusion of the PRRC training experience, interns will be well-prepared to provide both brief individual and group interventions to veterans of all ages, especially those with SMI, and will have a sound understanding of the recovery model, as related to this population.

10.Forensic Psychology: Clinical Psychology in the emphasis area of Veterans Justice. This is a full-time, yearlong psychology postdoctoral position with the goal of providing fellows with specialized training in forensic psychology work within the VA system. This program will provide fellows with training and experiences relevant to the theories involved in the assessment and evaluations of justice-involved veterans. VJO fellows will be required to participate in the organization, management, and administration of psychology services provided to these justice-involved veterans. Relevant ethical, legal, professional conduct, and cultural/diversity issues will be incorporated into this training program through experiential and research activities.

The goal of the VJO program is to avoid unnecessary criminalization of mental illness and extended incarceration among veterans by ensuring that eligible justice-involved veterans have timely access to VA mental health and substance abuse services when clinically indicated as well as other VA services and benefits. The VJO fellow will collaborate with a multidisciplinary team of professionals both through the VA and local justice system. These teams include VA providers from various disciplines including: Social Work, Psychiatry, Psychology, Nursing, and Peer Counselors. Justice-related team members include Veterans Court judges, state attorney offices, and various court clerks. All team members work together to provide Veteran-centered services. The focus of the VJO fellow will be to take initiative in building working relationships and reaching out to potential justice system partners to see that eligible justice-

involved Veterans get needed care. Further, emphasis will also be placed on active participation in partnership with law enforcement Crisis Intervention Teams (CIT) to train law enforcement personnel on veteran specific issues. The VJO fellow will work to assess and evaluate justice related Veterans and then facilitate treatment planning to facilitate divergence from arrest into mental health or substance abuse treatment. As such, use of Motivational Interviewing, problem solving, and Cognitive-Behavioral techniques are a primary component of this training program. Psychotherapy experiences will be incorporated into both individual and group interventions.

As the VJO psychology fellow, this trainee will participate in outreach services to law enforcement and justice-related agencies. As such, training will involve local travel to these outreach locations across both Broward and Miami-Dade counties (law enforcement agency offices, field work for CIT trainings, and local conferences). Further, VJO duties require significant time spent assessing and evaluating detained Veterans through the correctional departments across both counties. Thus, VJO psychology fellows will require passing background checks and clearance from local jails.

Participation in the Veterans Court is a major component of this training program and fellows will be required to attend Veterans Court regularly. Currently, Veterans Court is fully operational in Broward County and is in development for Miami-Dade and Monroe counties. The Veterans Court is a hybrid of the Drug and Mental Health Court models, with the primary aim of serving Veterans struggling with addiction, mental illness and/or co-occurring disorders.

Trainee and Program Evaluation:

At each rotation's end, there will be written evaluation of the residents' progress as well as verbal feedback given to the residents by each supervisor and the Director of Training. Each quarter (mid-rotation and at the end of rotation), verbal feedback will be provided. The behaviorally based competency evaluation will be reviewed by the post-doctoral subcommittee and any deficit areas will be addressed with the resident.

Additionally, rotation learning objectives will be reviewed mid- and end of rotation to determine appropriateness and status. At the end of each six-month rotation, residents will complete an evaluation of supervisors and rotations, and at the end of the residency, they will complete evaluations of the residency, research opportunities and seminars. This feedback will be used to modify, improve, and/or enhance the quality of residency training.

Requirements for Completion

In order to successfully complete the 2,080-hour postdoctoral program, residents will receive written and oral evaluations from rotation supervisors at mid-year and at the end of the year. Specific competencies associated with the following domains are demonstrated:

COMPETENCIES

Professionalism

Assessment, Evaluation and Conceptualization Skills

Intervention and Consultation Skills

Scientific Thinking and Research Skills

Education, Teaching and Supervision Skills

Diversity

Administrative and Systemic Skills

COMPETENCY RATINGS DESCRIPTIONS

- **Problem Area (close supervision and remedial plan needed)**
- **Close supervision needed (mid-practicum level)**

- **Some supervision needed (intern entry level)**
- **Little supervision needed (intern exit/postdoc entry level)**
- **No supervision needed (postdoc exit level)**
- **Advanced practice (full performance level)**

In order for residents to maintain good standing in the program they must:

1. For the first six months of training obtain ratings of **at least** “*Little supervision needed (postdoc entry level)*” in at least 80% of the items of all training activity evaluation forms.
2. Demonstrate progress in competency areas where less than 80% of items on the Evaluation Form have been rated at “No supervision needed (*postdoc exit level*)”.
3. Not be found to have engaged in any significant ethical transgressions.

In order for residents to successfully complete the program they must:

1. By the end of the last training quarter, obtain ratings of at least “*No supervision needed (postdoc exit level)*” in at least 80% of items in each competency area on the evaluation forms.
2. Not be found to have engaged in any significant ethical transgressions.
3. Verify that hours entered into **Log of Activities** total 2080 hours.
4. Verify that hours entered into **Log of Activities** total at least 900 hours for direct patient contact, 150 hours for supervision (receipt), 50 hours for didactic training experience and 100 hours in administration and hierarchical supervision (provision).

Illegal, Unethical, or Unprofessional Behavior. If a supervisor or resident believes that a resident has engaged in significant or repeated instances of illegal, unethical, or unprofessional behavior, then he or she is required to report these concerns to the Training Director. The Training Director will investigate the situation and report findings to the Residency Training Committee and Chief of Psychology. The Residency Training Committee can place the resident on probation by majority vote, and for very serious problems, immediately terminate the resident from the residency program by a majority vote. Residents are responsible for and will be held up to all of the appropriate ethical guidelines and professional laws established by the Department of Veterans Affairs, the local Psychology Service, the American Psychological Association, and the Florida Department of Professional Regulation.

Facility and Training Resources

Each postdoctoral resident will be assigned his/her own, or shared office distinct from predoctoral intern offices with telephone and networked computers. Internet and MICROMEDEX access are also available at each computer station. Secretarial support is limited for all psychology staff, but access to needed equipment, materials, and medical center resources is available to staff and trainees service wide. Additionally, post-doctoral residents will have lab coats and laundry service, cellphones, commuting benefit, and free parking near the facility with shuttle service.

Full library resources are available. The medical center maintains a professional library with over 2,500 volumes and 390 current journal subscriptions, 22 of which are journals related to Psychology. Direct access to MEDLINE, PSYCHLIT, MDConsult, PsychARTICLES, WEBMD, MICROMEDEX as well as other databases is available. Services include interlibrary loans, literature searching, database education, and meeting rooms. Additionally, access to the University of Miami Miller School of Medicine's Library with 214,544 volumes and 1788 journal subscriptions is available to all Psychology Staff, post-doctoral residents, and interns. Access to the University of Miami main campus library is also available to our staff and residents. The Miami VA Communications Service provides support for printing/copying, access to

video conferencing resources, telemedicine and a variety of audiovisual equipment for educational purposes.

Administrative Policies and Procedures

Conflict Resolution and Grievances / Due Process. If a resident has conflicts or difficulties with a supervisor, the resident's first recourse is to speak to the Miami VA Training Director. The Training Director will make every effort to explore the resident's concerns and attempt to mediate any problems between the resident and supervisor. If the resident has conflicts or difficulties with the Training Director, or believes that the Training Director has not adequately addressed the resident's concerns, the resident may then speak to another supervisor, and ask to have the issue addressed by the entire Residency Committee. The resident may also present issues directly to the Residency Committee at one of its meetings. The Residency Committee will then explore the situation and may gather additional information, request written responses, or interview all parties involved. The Residency Committee may make suggestions and recommendations for resolution of the problem.

If the resident is not satisfied with the results of bringing the issue before the Residency Committee, the resident may then file an "official grievance". The resident will write up a summary of the problem, actions that have been taken, and the reasons why the resident continues to be dissatisfied with the situation. The resident will submit this "grievance report" to the Miami VA Residency Committee. All parties involved are then invited to make written responses to the grievance including the supervisor, Training Director, and Residency Committee. The grievance, along with all of the written responses, will then be forwarded to the Chief of Psychology Section who will make a final decision about the resolution of the grievance.

Residents always have the right to consult with the American Psychological Association Education Directorate and Office of Accreditation, as well as the Association of Psychology Postdoctoral and Fellowship Centers.

Our privacy policy is clear: we will collect no personal information about you when you visit our Website.

This program does not require self-disclosure.

Psychology Residency Training Staff

Raquel C. Andres-Hyman, Ph.D. (Nova Southeastern U., Clinical, 2003; Faculty, Department of Psychiatry, Yale U. School of Medicine, 2004-2009). Clinical Director of the Psychosocial Residential Rehabilitation Treatment Program (PRRTP). Expertise in person-centered, recovery-oriented, culturally competent and motivational enhancement therapeutic approaches to assisting people experiencing psychiatric disability, addiction, and discrimination to achieve fulfilling lives in their communities. Therapeutic approach integrates humanistic principles with motivational interviewing, cognitive-behavioral, and psycho-educational strategies with an emphasis on personal strengths and building natural community supports. Research interests include examining processes of recovery in psychosis, developing and evaluating innovative clinical and community-based psychosocial interventions, and examining the factors that contribute to collaborative relationships between people with behavioral health disorders and their healthcare providers.

Philip C. Burda, Ph.D. (Southern Illinois University, Clinical, 1984). Chief of Psychology. Director of Mental Health Residential Rehabilitation Treatment Programs. Coordinator of Psychology Computer Psychoeducation Program. Assigned to the MHR RTP part-time. Expertise in individual and group psychotherapy, psychological assessment, computer assisted psychotherapy, treatment of chronic psychiatric patients, psycho-educational interventions and therapeutic community. Therapeutic approach is integrated with emphasis on therapeutic relationship and cognitive behavioral interventions. Research

interests include computer assisted interventions, social support, and sex roles. Adjunct faculty at University of Miami Miller School of Medicine, Department of Psychiatry and Behavioral Sciences. Diplomate American Board of Assessment Psychology.

Martha H. Corvea, Ph.D. (Florida State U., Clinical, 1987; Certificates in Gerontology and Public Administration); Post-doctoral NIH Minority Fellowship, Department of Psychiatry and Behavioral Sciences, Miller School of Medicine, University of Miami, 1999-2001). Staff Psychologist assigned to Community Living Center and Behavioral Health Clinic. Case conceptualization remains eclectic; however, EB training completed in cognitive-behavioral interventions with mood disorders; family interventions with impaired adults; social skills training; and STAR-VA (behavioral interventions to alter use of psychotropic medications). Research interests include consequences of psycho-social trauma, characteristics of effective caregivers, and efficacy of short / long-term therapeutic modalities. Voluntary Assistant Professor, University of Miami's Miller School of Medicine.

Jason R. Dahn, Ph.D. (Michigan State University, Clinical, 1999). Staff Psychologist and Health Behavior Coordinator. Expertise in individual and group psychotherapy, health behavior assessment and interventions, and in the treatment of serious mental illness (SMI). Therapeutic approach integrates psychodynamic, cognitive-behavioral, and health coaching perspectives. Serves as the lead clinical consultant to healthcare system staff, providing specific training and consultation to build and maintain competencies in health behavior coaching and associated interventions (e.g., motivational interviewing), and as co-chair of Health Promotion and Disease Prevention (HPDP) Committee. Collaborates with medical center staff to develop, adapt, implement and assess effectiveness of health behavior interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management. Research interests broadly include issues common to mental health and medical psychology (e.g., weight management, sexual dysfunction, tobacco cessation, medication adherence, adjustment to illness) as well as the influence of gender and race/ethnicity on illness perception and health-related behaviors. Adjunct Assistant Professor, Department of Psychology, University of Miami.

Giovanna Delgado, Psy.D. (Carlos Albizu University, Forensic Psychology, 2004; Florida International University, 1996) As the Veterans Justice Outreach Coordinator for the Miami VA, she coordinates outreach services for veterans involved with the judicial system, and works as a liaison with the court system to ensure access to care for Veterans reentering the community. Expertise in working with an adult forensic population. Experience includes work with children, adults, the severely mentally ill, and clients suffering from sexual abuse, trauma, homelessness, substance abuse, medical, justice related and psychiatric issues.

Carlton S. Gass, Ph.D., ABPP (University of Louisville, Clinical, 1984. Postdoctoral Fellowship, Neurology Department, University of Miami, 1985. Board Certified in Clinical Psychology). Diplomate, American Board of Assessment Psychology. Coordinator, Neuropsychology Laboratory. Responsible for the neuropsychological assessment of patients with known or suspected brain impairment. Clinical expertise in neuropsychology, psychological assessment, MMPI-2 interpretation, and applied research. Clinical research interests include the MMPI-2, personality and emotional aspects of brain injury, human memory, and cognitive aspects of psychopathology. Adjunct faculty, University of Miami Miller School of Medicine, Departments of Neurology and Psychiatry; Department of Psychology, University of Miami and Nova Southeastern University. Consulting Editor for *Archives of Clinical Neuropsychology*; *Psychological Assessment*; and *Archives of Assessment Psychology*. Reviewer, *Journal of the International Neuropsychological Society*; *Assessment*; *Journal of Clinical and Experimental Neuropsychology*; *Psychological Injury and the Law*; *Psycho-oncology*; *Neuropsychology Review*; *Applied Neuropsychology: Adult*

Jennifer M. Gillette, Psy.D. (Carlos Albizu University, Neuropsychology, 2008). Clinical specializations: Neuropsychology and Rehabilitation Psychology. Assignments: TBI/Polytrauma Neuropsychologist and Rehabilitation Psychologist in Physical Medicine & Rehabilitation Service (PM&RS). Works as a member of the Polytrauma Support Clinic Team (PSCT) serving OEF/OIF Veterans with multiple body system traumas, including traumatic brain injury. Provides a variety of psychological and neuropsychological

services to OEF/OIF Veterans in the polytrauma outpatient program including neuropsychological screenings and evaluations, treatment planning, psychotherapy, consultations, cognitive rehabilitation, family counseling, and behavioral health interventions. Directs and manages the Rehabilitation Psychology Clinic which includes a 6-bed, CARF-accredited inpatient rehabilitation program serving Veterans with amputation, TBI, stroke, orthopedic problems, neuromuscular disorders, and debility. Conducts rehabilitation-oriented assessments and provides brief treatment that incorporates disability-specific knowledge and seeks to maximize the individual's participation in the rehabilitation process. Participates as an interdisciplinary team member on the Comprehensive Inpatient Intensive Rehab Program (CIIRP) unit. Facilitates psychotherapy support groups for Veterans with amputations, TBIs, neurological disorders, and/or stroke survivors. Clinical expertise and interests include cognitive assessments of patients with traumatic brain injuries, cognitive rehabilitation, rehabilitation psychology, and psychoneuroimmunology. Conceptualization is determined by the patient's background, diagnosis, health status, and individual goals for treatment. Cognitive-behavioral therapy is predominantly used and combined with rehabilitative and behavioral health interventions within an integrated framework to strengthen psychological resilience and optimize total health and wellness.

Raegan Hanlon, Psy.D. (Xavier University, Clinical, 2006). Assigned to Geropsychology / Palliative Care. Responsibilities include conducting evaluations addressing differential diagnosis, mood assessments, functional status examinations, and treatment planning. Additional responsibilities include providing a full range of therapeutic interventions including supportive, bedside therapy to Veterans focusing on psychological issues related to aging and chronic/terminal illness, outpatient individual psychotherapy to Veterans and family members dealing with aging, grief, and life limiting illness, as well as facilitating Tea Time Family Support Group. Other responsibilities include psychological screenings on the oncology/hemoc unit. Consultation and psychoeducation is also a very important duty. These duties including being an active member on the Hospice/Palliative Care, Geriatric Evaluation and Management, and Extended Care interdisciplinary teams. Psychoeducation is support by offering and attending the Interprofessional Education Seminars on the Hospice Unit. Professional interests include end of life issues (i.e. quality of life, resiliency, legacy), anticipatory grief/bereavement, caregiver stress, and successful aging.

Paul Hartman, Ph.D. (University of Miami, Biological Psychology, 1986; California School of Professional Psychology-Fresno, Clinical Psychology Respecialization, 1995) Assigned to Geriatric Psychology and Behavioral Medicine. Expertise in health psychology assessment and interventions; individual, family, and group therapy; general psychological assessment; and neuropsychological assessment. Main approaches to therapy are cognitive-behavioral and interpersonal, with emphasis on the therapist-patient relationship. I also use mindfulness approaches, positive psychology, and motivational interviewing.

Laura Kupperman-Caron, Ph.D. (Nova Southeastern University, Clinical Psychology, 2013). Staff Psychologist. Assigned to the Behavioral Health Clinic, North Florida/South Georgia Veterans Health System tele-health outpatient service, and Homestead VA Community Based Outpatient Clinic. Provides individual therapy and group therapy, including tele-mental health, to Veterans with a wide range of psychological disorders, and conducts psychological assessment. Clinical interests include clinical health psychology (addressing insomnia, chronic pain, stress reduction, diabetes and weight management) and treating military related trauma. Approaches to therapy mainly focus on cognitive-behavioral, including VA certification for cognitive processing therapy, and interpersonal therapy.

Micol Levi-Minzi, Psy.D. (Nova Southeastern University, Clinical, 2012) Staff Psychologist, Veterans Justice Outreach Specialist. Assigned to Veterans Justice Outreach Program providing outreach services for Veterans involved in the judicial system, and working as a liaison with the court system to ensure access to care for Veterans reentering the community. As VJO Specialist, duties also involve providing trainings and psychoeducation to community partners such as local law enforcement agencies. Additional services include LGBT individual and group psychotherapy, as well as team member of the VA Transgender and Intersex Workgroup. Previous experience in the Behavioral Health Clinic providing outpatient mental health services to Veterans with a broad range of psychiatric disorders and levels of daily functioning. Clinical interests include: group therapy, issues related to gender and sexuality,

substance abuse disorders, PTSD, and MST. Therapeutic approach is eclectic, with emphasis on CBT and ACT.

Regina Pavone, Ph.D., ABPP (University of Miami, Counseling, 1996, Board Certified in Clinical Health Psychology). Fellow, American Academy of Clinical Health Psychology. Director of Clinical Training. Assigned to Mental Health Consultation and Liaison specializing in clinical health psychology. Clinical responsibilities include consultation to Patient Aligned Care Teams, specialty clinics and medical surgical units. Case conceptualizations are developed from a biopsychosocial model. Therapeutic approach varies according to patient characteristics and referral issue. Most often a cognitive and behavioral approach undergirds interventions with medical psychology referrals. Adjunct Assistant Professor, University of Miami Miller School of Medicine, Psychiatry and Behavioral Sciences. Nova Southeastern University, Clinical Affiliate.

Janette Rodriguez, Psy.D. (Wright State University, Clinical, 2009). Dr. Rodriguez is the program manager and psychologist for the Psychosocial Recovery and Rehabilitation Center (PRRC) at the Miami VA, which provides services to Veterans with serious mental illness. Her primary clinical duties include screening and conducting initial evaluations for individuals referred to the PRRC, conducting therapeutic and psycho-education groups, working with individual patients in brief therapy, and conducting psychological assessments. Conceptualization and intervention involves the intentional and purposeful integration of psychodynamic, cognitive-behavioral, existential/humanistic, multicultural, and other evidence-based interventions. This integrative approach is extended to supervision of trainees and offered in conjunction with a developmental model. Dr. Rodriguez supervises trainees in both psychological assessment and intervention. Dr. Rodriguez has the following areas of expertise/interest include: military Veterans, psychological assessment, diversity/multicultural issues (Latina/os, LGBTQ, etc), trauma and intimate partner violence, intervention and assessment in chronic/terminal illness, and serious mental illness. Additional scholarly/research interests include program development and evaluation, training issues and mentorship in psychology, as well as patient safety and health care quality.

Elaine Stein, Psy.D. (Argosy University/Illinois School of Professional Psychology, Chicago 1998). Assigned to the Post-Traumatic Stress Disorder Clinical Team (PCT). Clinical expertise is in the treatment of PTSD and Military Sexual Trauma (MST). Currently serve as the Military Sexual Trauma Coordinator providing evaluations, individual evidenced based therapy, and group therapy for male and female veterans who have suffered sexual trauma during military service. Case conceptualization and treatment approach includes strong emphasis on humanistic and transpersonal approaches to therapy as well as use of ACT and mindfulness particularly in the treatment of Depression and PTSD. Interests also include holistic/alternative treatment and the impact of spirituality on trauma.

Pedja Stevanovic, Ph.D. (Loyola University Chicago: Clinical Psychology, 2011; University of Miami Hospital/Neurology: Postdoctoral Fellowship in Neuropsychology, 2010-2012). Staff Psychologist. Assigned to Telehealth Psychology, Behavioral Health Clinic, and Recovery. Clinical Expertise in individual and group psychotherapy, psychological and neuropsychological assessment. Therapeutic approach generally eclectic, with a focus on relational approaches. Interests also include neuropsychological assessment with a focus on TBI and dementias, and insight oriented therapy.

Natalie M. Va, Ph.D., M.S. Psychopharm (Nova Southeastern University, Clinical, 2008). Assigned to the Pain Clinic and treatment of Military-Related Sexual Trauma. As pain psychologist, provide evaluations and treatment services to veterans who are experiencing chronic pain, including implantable pain modality evaluations, comprehensive pain evaluations, individual and group psychotherapy. As MST psychologist, conduct screenings, groups, and individual psychotherapy using evidenced-based psychotherapy.

Trainees

The Miami program has accepted 37 psychology residents since 2004. Of those, 30 have come to us from VHA internship programs. They are almost equally divided in terms of degree, with twenty (20) from Ph.D. programs and seventeen (17) from Psy.D. programs. Present and former residents completed their doctoral studies at the University of Florida, , Nova Southeastern University, University of Missouri – St. Louis, Adler School of Professional Psychology (Chicago), Ferkauf Graduate School of Psychology, Pacific Graduate School of Psychology (Palo Alto), University of Georgia, the Indiana State University and Colorado State University.

Of the 29 residents who have completed their residency here, fourteen are currently employed at VA medical centers or Community Based Outpatient Centers in Wisconsin, Georgia, Arkansas, Florida, Colorado, Pennsylvania, Texas and Washington, D.C. The others are in group or individual private practice, consulting, and teaching at local colleges and universities.

Local Information

Miami and its surrounding areas offer an incredibly culturally diverse living experience in a tropical environment. While often considered an ideal venue for outdoor activities, the area also offers rich cultural events including the nation's largest book fair, a new cultural arts center (for opera, ballet, symphony orchestras and plays), and a myriad of cultural festivals reflecting the diversity of the local population. A dozen colleges and universities, medical and other professional schools, and the nation's largest community college add to the area's "liveability."

Additional information can be found on the following website:

<http://www.Miamiandbeaches.com>